

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **23873**

FILED AUG 12 1957

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Keytesville Twp. 18-Month</u>		c. CITY OR TOWN <u>Keytesville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Chariton County Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>2-Miles East of Keytesville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Lester</u> c. (Last) <u>Behem</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>18th</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Invalid</u>	8. DATE OF BIRTH <u>Sept. 1st, 1901</u>
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Invalid</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Keytesville, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Behem</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Howard</u>		15. NAME OF HUSBAND OR WIFE <u>Never Married</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. <u>None</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spasmodic Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
20. DATE OF OPERATION		21. MAJOR FINDINGS OF OPERATION	
22. ACCIDENT SUICIDE HOMICIDE (Specify)		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
24. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
26. HOW DID INJURY OCCUR?		27. DATE OF OPERATION	
28. I hereby certify that I attended the deceased from <u>April 2, 1957</u> , to <u>July 17, 1957</u> , that I last saw the deceased alive on <u>July 17, 1957</u> , and that death occurred at <u>4:00 P.M.</u> , from the causes and on the date stated above.		29. SIGNATURE (Degree or title) <u>J. L. Fester D.O.</u>	
30. ADDRESS <u>Brunswick, Mo.</u>		31. DATE SIGNED <u>July 18-57</u>	
32. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		33. DATE <u>July 18th, 1957</u>	
34. NAME OF CEMETERY OR CREMATORY <u>Bennett Cemetery</u>		35. LOCATION (City, town, or county) (State) <u>Chariton County Mo.</u>	
36. DATE REC'D BY LOCAL REG. <u>8/6-57</u>		37. REGISTRAR'S SIGNATURE <u>J. L. Fester</u>	
38. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Gamm</u>		39. ADDRESS <u>Keytesville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
H. D. Garrett

Licensed Embalmer No. 30...

P. O. Address Key West

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

This body was not embalmed